FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073849 (8)**

1. Corporation Name

MAXIMUM PROTECTION AGENCY, INC.

Principal Place of Business	Mailing Address
14629 S.W. 104 STREET #102 MIAMI FL 33186	14629 S.W. 104 STREET #102 MIAMI FL 33186

3. Date Incorporated or Qualified: 09/25/1995

3a. Date of Last Report: N/A

2. Principal Place of Business
21: 10540 N.W 26 St
22 Suite, Apt. #, etc.: G-108
23 City & State: Miami Fl
24 Zip: 33172
25 Country: USA

2a. Mailing Address
26: 10540 N.W 26 St
27 Suite, Apt. #, etc.: G-108
28 City & State: Miami Fl
29 Zip: 33172
30 Country: USA

4. FEI Number: 65-0624765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DUBON, ULISES
14629 S.W. 104 STREET #102
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: DuBon, Ulysses
82 Street Address (P.O. Box Number is Not Acceptable): 10540 N.W. 26 St
83: G-108
84 City: Miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] ULYSSES DUBON 7.26.96
(Type or print Registered Agent's name) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DUBON, ULISES		1.2 NAME	DuBon, ULYSSES	
STREET ADDRESS	14629 S.W. 104 STREET #102		1.3 STREET ADDRESS	10540 NW 26 St G-108	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	Miami, Fl 33172	
TITLE		☐ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			2.2 NAME	DUBON, CATHERINE	
STREET ADDRESS			2.3 STREET ADDRESS	10540 NW 24 St G-108	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI FL 33172	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] ULYSSES DUBON 7.26.96 305 387 4234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #